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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.18 (a))
required)

Attorney Docket
Number

LSP-1016US

First Named Inventor

A. Banetti et al.

COMPLETE IF KNOWN

Application Number

Unknown

Filing Date

Concurrently Herewith

Art Unit

Unknown

Examiner Name

Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYNTHETIC THICKENERS FOR COSMETICS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/IT2003/000389	WO	6/24/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/> This address associated with Customer Number:	24923	OR	<input type="checkbox"/> Correspondence address below
Name				
Address				
City		State	ZIP	
Country	Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Arianna			Family Name or Surname BENETTI	
Inventor's Signature <i>Arianna Benetti</i>			Date 11/09/2005	
Residence: City Gallarate (VA)	State	Country Italy	Citizenship Italy	
Mailing Address Corso Leonardo Da Vinci 61				
City Gallarate (VA)	State	Zip I-21013	Country Italy	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Gianmarco			Family Name or Surname POLOTTI	
Inventor's Signature <i>Gianmarco Polotti</i>			Date 11/09/2005	
Residence: City Sesto San Giovanni (MI)	State	Country Italy	Citizenship Italy	
Mailing Address Via Fogagnolo, 39				
City Sesto San Giovanni (MI)	State	Zip I-20090	Country Italy	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page <u>3</u> of <u>3</u>	

Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname	
Franco		FEDERICI	
Inventor's Signature <i>Franco Federici</i>		Date <i>11/11/05</i>	
Busto Arsizio (VA)	State	Italy	Italy
Residence: City		Country	Citizenship
Viale Stalvio, 49			
Mailing Address			
Busto Arsizio (VA)		I-21052	Italy
City	State	Zip	Country
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname	
Giuseppe		LI BASSI	
Inventor's Signature <i>Giuseppe Li Bassi</i>		Date <i>11/11/05</i>	
Gavirate (VA)		Italy	Italy
Residence: City	State	Country	Citizenship
Via Stretti, 4			
Mailing Address			
Gavirate (VA)		I-21026	Italy
City	State	Zip	Country
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

This collection of information is required by 38 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	New Filing
Filing Date	Concurrently Herewith
First Named Inventor	A. Benetti et al.
Title	Synthetic Thickeners for
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	LSP-1016US

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24923

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

24923

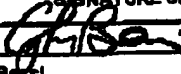
<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/09)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	11/11/2005
Name	Giuseppe Libassi	Telephone	0039 0331 715 172
Title and Company	Managing Director, LAMBERTI S.p.A.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

SPECIAL POWER OF ATTORNEY

The undersigned, Dr. Carlo Lamberti, born in Milan on May 5, 1954, resident in Albizzate (Va), Via Piave No. 18, in his capacity as Managing Director of the company LAMBERTI S.P.A., with its registered office in Albizzate (Va), Via Piave No. 18 - Capital Stock L. 58,957,500,000, entered in the Business Register of Busto Arsizio (Va) under No. 16121 and the R.E.A. of Varese under No.182542, Tax Code 04453840151, having, in case of need, the necessary signing powers, conferred according to the minutes of the board on June 29, 1998,

appoints

as special proxy of the company:

Dr. Giuseppe Li Bassi, born in Varese on January 11, 1946, resident in Gavirate (Va), at Via Stretti No. 4 - C.F. LBS GPP 46A11 L682T, the Manager of Research and Development of the company, conferring upon him the power to:

- a. act as an independent agent to file in Italy with the Ministry of Industry, Commerce and Crafts (Italian Office of Patents and Trademarks), or with one of the Provincial Offices of Industry, Commerce and Crafts, applications for patents, useful models and brands, and do whatever else is necessary to have the application itself accepted, and for recognition of the rights derived from it vis-à-vis the Ministry of Industry, Commerce and Crafts;
- b. assign tasks to patent agents in order for them to act as agents of Lamberti S.p.A. in filing patent applications and whatever else is necessary to obtain the granting of them in Italy by the Italian Office of Patents and Trademarks, or in foreign countries by national or supranational bodies.

Confirmation and validity of the transaction conducted are promised.

Dr. Carlo Lamberti

/Signature/

No. 72049 on the list

AUTHENTICATION OF SIGNATURE

I, the undersigned, Dr. Vittorio Quagliata, notary in Sesto S. Giovanni, registered with the Notaries' Association of Milan, without witnesses present, since the party, with my consent, waived them, certify that the signature at the bottom of the preceding document was appended in my presence by Dr. CARLO LAMBERTI, born in Milan on May 5, 1954, his domicile being at the main office of the company. I, the notary, am certain of his personal identity and qualification, in his capacity as Managing Director of the company LAMBERTI S.P.A., with its office in Albizzate (Va), Via Piave No. 18 -, acting by virtue of the powers conferred upon him by the Board of Directors deliberating on June 29, 1998. Milano Foro Buonaparte, 12 June seventh, two thousand

/Signature/

/Stamp:

QUAGLIATA VITTORIO FRANCESCO
NOTARY IN SESTO SAN GIOVANNI/

BILL

List	500
Stamps.....	20,000
Writing.....	6,000
Fee.....	20,000
Filing Charge	-
Register Copy	-
Registration	-
Tot.....	66,500

PROCURA SPECIALE

Il sottoscritto Dott. Carlo Lamberti nato a Milano il 5 maggio 1954, residente in Albizzate (Va), Via Piave n. 18, nella sua qualità di Amministratore Delegato della Società LAMBERTI S.P.A. con sede legale in Albizzate (Va), Via Piave n. 18 - Capitale Sociale L. 58.957.500.000, iscritta al Registro Imprese di Busto Arsizio (Va) al n. 16121 ed al R.E.A. di Varese al n. 182542, Codice Fiscale 04453840151, avente all'uopo gli occorrenti poteri di firma, conferiti con verbale di consiglio del 29 giugno 1998,

n o m i n a

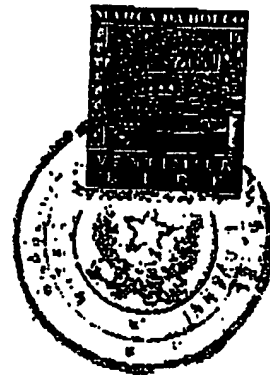
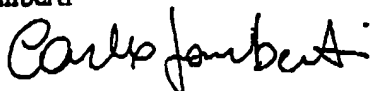
procuratore speciale della società il:

Dott. Giuseppe Li Bassi, nato a Varese, l'11 gennaio 1946, residente in Gavirate (Va), in Via Stretti n. 4 - C.F. LBS GPP 46A11 L682T, Direttore Ricerca e Sviluppo della società, conferendo allo stesso il potere di:

- a. agire come proprio mandatario per il deposito in Italia presso il Ministero dell'Industria, del Commercio e dell'Artigianato (Ufficio Italiano Brevetti e Marchi) o presso uno degli Uffici Provinciali dell'Industria, del Commercio e dell'Artigianato, di domande di brevetto di invenzione, modello di utilità e marchio e di fare quanto altro occorra per l'accoglimento della domanda stessa e per il riconoscimento dei diritti e delle facoltà che da essa derivano nei rapporti col Ministero dell'Industria, del Commercio e dell'Artigianato;
- b. conferire incarichi ad agenti brevettuali ad agire come mandatari della Lamberti S.p.A. per il deposito delle domande di brevetto e quanto altro necessario ad ottenerne la concessione in Italia da parte dell'Ufficio Italiano Brevetti e Marchi o all'estero da parte di Enti Nazionali o Sovranazionali.

Con promessa di rato e valido dell'operato svolto.

Dr. Carlo Lamberti



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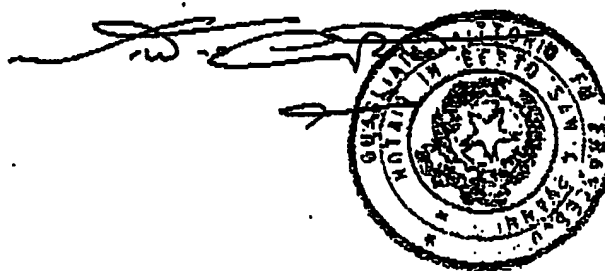
N. 72049 del Repertorio

AUTENTICA DI FIRMA

Io sottoscritto dott. VITTORIO QUAGLIATA, notaio in Sesto S. Giovanni, iscritto presso il Collegio Notarile di Milano, senza assistenza di testimoni poichè la parte, col mio consenso, vi ha rimmiato, certifico che la firma in calce all'atto che precede è stata apposta in mia presenza dal Dr. CARLO LAMBERTI, nato a Milano il 5 maggio 1954, domiciliato presso la sede sociale, della cui identità personale e qualifica io notaio sono certo, nella sua qualità di Amministratore Delegato della società "LAMBERTI S.p.A." con sede in Albizzate, via Piave n. 18, che agisce in forza dei poteri conferitigli dal Consiglio di Amministrazione con deliberazione del 29 giugno 1998.

Milano Foro Buonaparte, 12

sette giugno duemila.



SPECIFICA

Repertorio	500
Boll	2000
Scrittura	6000
Onorario	20000
Tassa Archivio	2
Copia Registro	2
Volturna	2

Tot. 44500

[Handwritten mark]

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